Public Hearing
Senate Committee on Children and Families, and Workforce Development
Wednesday, March 17th 2010
State Capitol

Assembly Bill 296 / Senate Bill 210
Relating to: children and their families who are involved in two or more systems of care and making an appropriation

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Overview of Collaborative Systems of Care in Wisconsin

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Profile of Children and Families Served (excluding Milwaukee and Dane Counties)

In 2008, Integrated Services Projects and Coordinated Services Team Initiatives served:

- 1,026 children and youth.
- 2,497 family members of enrolled children – services which may not have been received if not for the family's involvement in a collaborative system of care.

Referral sources to the programs included: Mental Health – 25.4%, Child Welfare – 18.1%, Juvenile Justice – 18.0%, Schools – 19.0%, Family – 14.7%, AODA – 1.2% and Other – 3.6%.

Facts about Children and Youth with Mental Health Needs

- The high school non-completion rate for children with emotional and behavioral disorders is 56%, highest of all disability groups (O'Leary, Wisconsin Statewide Transition Conference, 2004).
- At admission to Wisconsin Juvenile Justice Institutions, over half of the males are about four grade levels behind their peers in both reading and math (Silvia Jackson, Wisconsin Division of Corrections, July, 2007)
- Approximately 75% of males at Lincoln Hills School and Ethan Allen School present mental health needs (Silvia Jackson, Wisconsin Division of Corrections, July, 2007).

Selected Outcomes for Children and Youth Served by Coordinated Services Team Initiatives (CST) and Integrated Services Projects (ISP) 2003 – 2006

Source: Wisconsin Bureau of Mental Health and Substance Abuse Services; based on the analysis of data submitted by 24 counties with ISP and/or CST, on a quarterly basis.

- Of 40 children residing in a correctional facility, state mental health institute, inpatient treatment setting or residential treatment setting at the time of enrollment, 88% were in less restrictive settings at disenrollment.
- Of 550 children living with their parents, relatives, or friends at time of enrollment, 91% were maintained in these settings at disenrollment; an additional 5% were placed in foster care or group home settings. *(Note that one of the qualifications for enrollment is "at risk of or in out-of-home placement".)*

Quotes from Families and Resource People

"With the help of wraparound, I was able to focus on short and long term goals. The team was able to point me toward resources that I never knew about."

- A Parent Involved in Wraparound

"My input is respected and I feel I am an important part of the team."

- A Parent Involved in Wraparound

"When dealing with a child who is diagnosed with SED [Severe Emotional Disability] and involved in multiple systems, it is more important to organize people to work with the family and each other than providing individual sessions of psychotherapy with the child."

- Ph.D. Psychologist

"The wraparound project allows families to sit down with multiple agencies to develop a plan of care to address their specific needs. It is great to work as a team with parents, students, county agencies, physicians, school officials and other community members all focused on helping the family be successful."

- Elementary School Principal

"Working with the family as a team gave us [in-home therapists] a perspective that no professional working alone could have figured out."

- Intensive In-home Therapist

Impact of the Collaborative System of Care Approach on La Crosse County's Emergency Response System

As part of their development of a Collaborative System of Care, La Crosse County has implemented a collaborative approach to developing Emergency Response Plans. Through this process, they have been able to divert a significant number of children and adolescents from institutional placements. When the collaborative emergency response process was implemented in 2003, only 51% of children and youth who received crisis support services were diverted from institutional placement. Data through July of 2007 show that 87% of youth who received crisis support services were diverted from institutional placement.

An average intervention costs approximately $240 compared to a hospital emergency room cost of $1,000 and an assessment of $400. If the child is sent to Mendota or Winnebago Mental Health Institute the cost is $700+ per day in addition to transportation costs often by law enforcement.

Manitowoc County Data on Youth Placed in the Juvenile Correctional System

In 2001, Manitowoc County spent $937,267 for the placement of 16 youth at Lincoln Hills Correctional facility. In October 2002, Manitowoc received grant funding to develop the Coordinated Services Team (CST) initiative. By the end of 2006, there were only 2 youth placed at Lincoln Hills at a cost of $74,095 – an 87% reduction in number of youth placed, and a 92% cost reduction from 2003.

National Data – Includes Data from Wraparound Milwaukee

According to data released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in May of 2006, children and youth with serious mental health needs who are served in systems of care that provide community-based services and supports make substantial improvements at home, at school, and in the community. Selected outcomes are summarized below:

- ***Decreased utilization of inpatient facilities.*** The percentage of children who used inpatient facilities within the previous 6 months decreased 54% from entry into systems of care to 18 months of involvement in systems of care.

- ***Mental health improvements sustained.*** Emotional and behavioral problems were reduced significantly or remained stable for nearly 90% of children after 18 months in systems of care.

- ***School attendance improved.*** The percentage of children with regular school attendance (i.e., 75% of the time or more) during the previous 6 months increased nearly 10% with 84% attending school regularly after 18 months in systems of care.

- ***School achievement improved.*** The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21% with 75% of children passing after 18 months in systems of care.

The Power of Parent to Parent Support

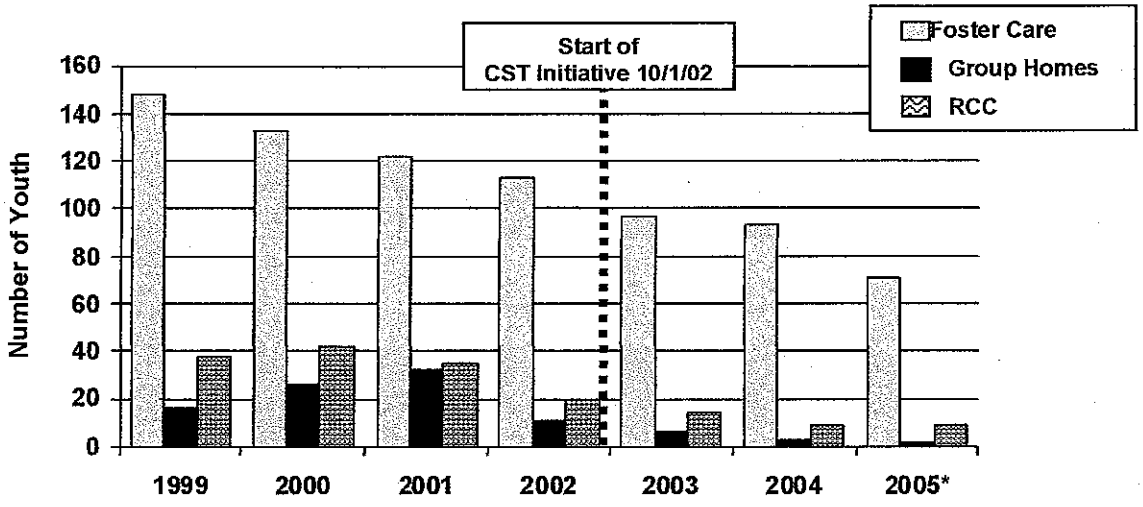
- Parent to parent support provides help in seeing hope for the future, feeling less alone, seeing positives in the situation, acceptance of the child's diagnosis, seeing family strengths, and dealing with stress. (Santelli et al., 1997)

- Peer support is found to be helpful by over 80% of parent utilizing the services; it increased parents' sense of being able to cope and their acceptance of their situation. (Kerr & McIntosh, 2000)

Selected Quotes from ISP/CST Sites Regarding Financial Savings

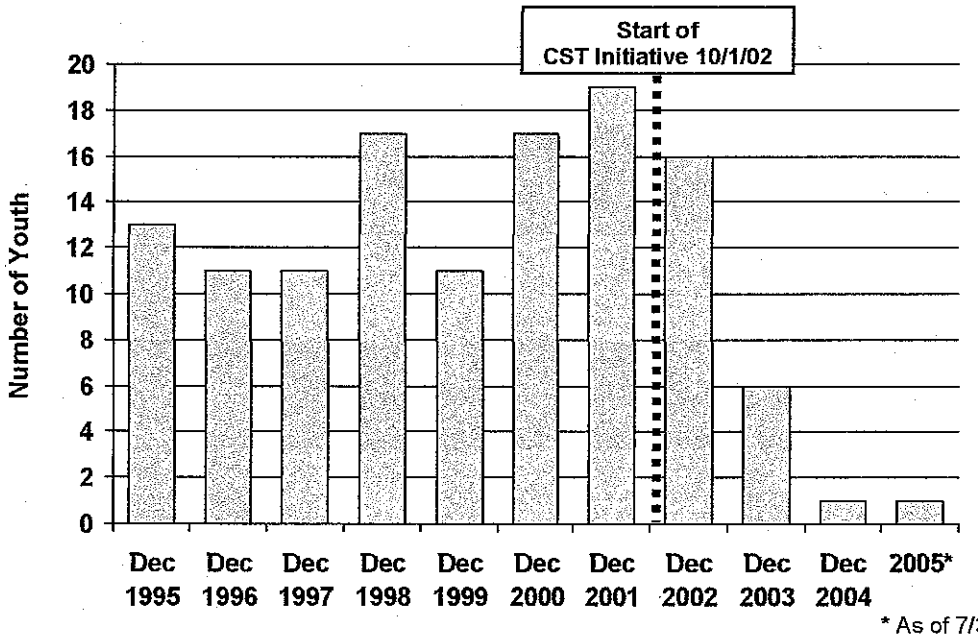
- The number of children placed in out-of-home care went from 375 children in 2001 to 217 children in 2005.
- In 2000 we had 17 youth at Lincoln Hills at a cost of $734,255. During 2005, placements have dropped to one youth at Lincoln Hills at a cost of $47,994.
- Involvement in the team process reduces the length of out-of-home placements, and also prevents placement. The estimated cost saving for the first six months of 2006 was $242,939.
- The county has been able to save in the neighborhood of $300,000 per year in out-of-home placement costs. Much of this cost savings can be attributed to Integrated Services Project keeping children in the community rather than in out-of-home placement.

Youth Placed in Foster Care, Group Homes, and Residential Care Centers (RCC) Manitowoc County 1999 – 2005*



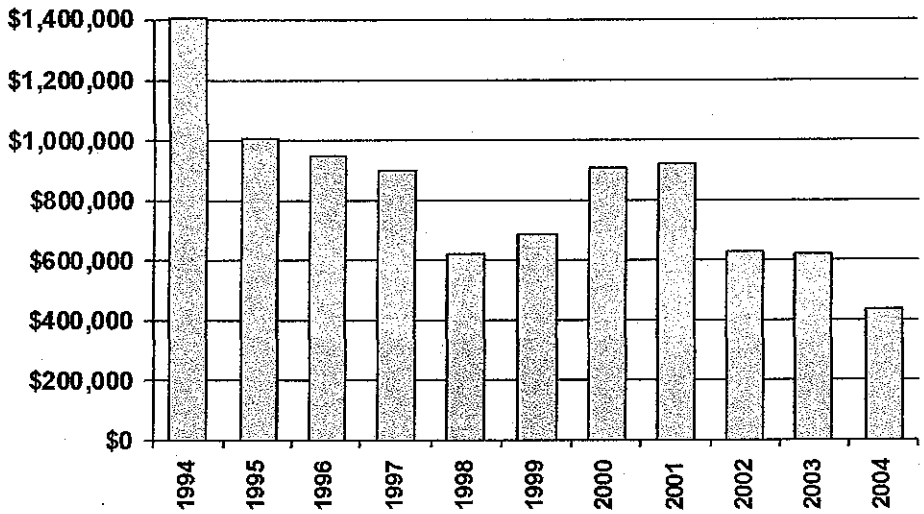
* As of 7/31/05

Number of Youth from Manitowoc County at Lincoln Hills Correctional Facility 1995 – 2005

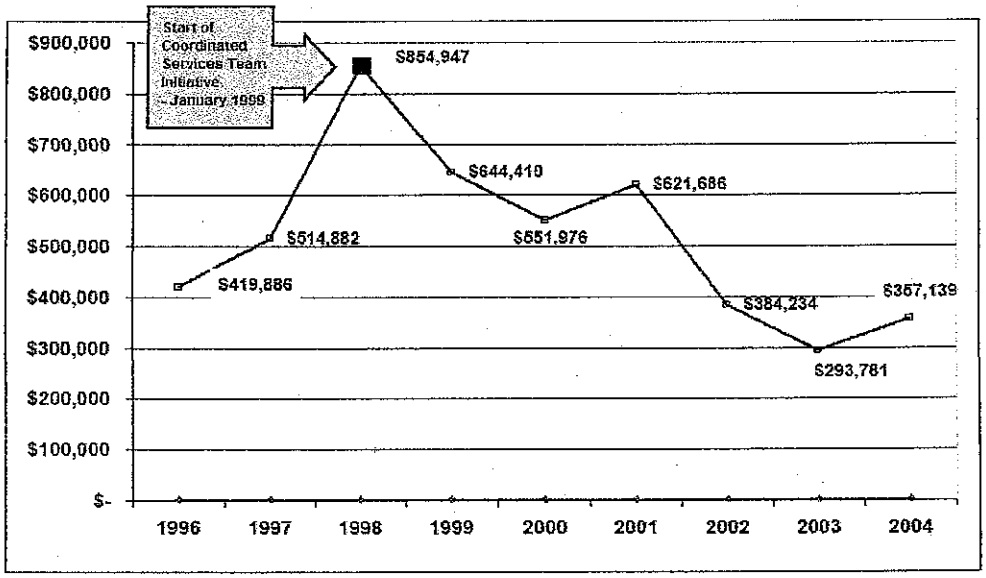


* As of 7/31/05

Cost of all Court Service and Youth Aides Out-of-Home Placements
Waupaca County 1994 – 2004



CALUMET COUNTY
Child Alternative Care Costs
1996 - 2004



How many children can be served for $1.5 million in one year?

Location of Services* Being Provided:	Approximate Number of Children Served:
Mendota Mental Health Institute	**6**
Winnebago Mental Health Institute	**6**
Lincoln Hills	**16**
Residential Care Centers	**16**
In the Community with support of a Team	**71 to 206**

** "Services" includes community mental health services, inpatient mental health services, and educational services.*

As of February 2008, the annual rate to serve a child placed at: Mendota Mental Health Institute is $272,880 (6 children served per year by $1.5 mil); Winnebago Mental Health Institute is $253,800 (6 children served/year); and Lincoln Hills is $96,480 (16 children served/year). Similarly, the average cost per year to serve a child in a Residential Care Center in Wisconsin is $94,860 (16 children served).

Based on data collected in 2004 by the Wisconsin Bureau of Mental Health and Substance Abuse Services from counties operating Integrated Services Projects (ISPs), the average cost of providing services (including community mental health, inpatient mental health, and education) to a child in the community is $21,088 (71 children served per year by $1.5 mil). Note that all children enrolled in ISPs have a mental health diagnosis of "Severely Emotional Disabled". Based on a review of National data (references below), the average annual cost per child for such services is $7,271 (206 children served per year by $1.5 mil).

References:

Foster, E.M., Connor, T. (2005). A Road Map for Cost Analyses of Systems of Care. In Epstein, M., Kutash, K., Duchnowski, A., (Eds.) *Outcomes for Children and Youth with Behavioral and Emotional Disorders and Their Families.* (pp. 225-245). Austin: Pro-Ed.

DePanfilis D, Dubowitz H, Kunz J (2008). Assessing the cost-effectiveness of Family Connections. Child Abuse & Neglect. vol:32 iss:3 pg:335-351.

E. Jane Costello, Ph.D., William Copeland, Ph.D., Alexander Cowell, Ph.D., and Gordon Keeler, M.S. (2007). Service Costs of Caring for Adolescents With Mental Illness in a Rural Community, 1993–2000. American Journal of Psychiatry 164:36-42.

REMARKS OF
SENATOR LENA TAYLOR AND REPRESENTATIVE STEVE KESTELL, CO-CHAIRS, SPECIAL COMMITTEE ON STRENGTHENING WISCONSIN FAMILIES

SENATE COMMITTEE ON CHILDREN AND FAMILIES AND WORKFORCE DEVELOPMENT

2009 Senate Bill 210
March 17, 2010

Good morning, and thank you for the opportunity to present a recommendation of the Special Committee on Strengthening Wisconsin Families.

2009 Senate Bill 210

Senate Bill 210, relating to children and their families who are involved in two or more systems of care, does the following:

- Expands the coverage of the integrated services program (ISP) under current law to include children who are involved with multiple systems of care, as well as their families, and changes the name of the program to the coordinated services team (CST) initiative to reflect the expansion of the program's focus, and changes the terms "integrated services," "integrated service plan," and "interdisciplinary team" to "coordinated services," "coordinated services plan of care," and "coordinated services team," respectively.

- Includes tribes as entities that may administer a CST initiative.

- Amends the definition of CST to emphasize the process by which the child's family, service providers, and informal resource persons work together to respond to the needs of the child and family, rather than by describing the characteristics of the individuals on the team.
- Expands the required and optional representatives that serve on a CST coordinating committee in a county or tribe.
- Expands the duties of the coordinating committee.
- Creates the role of initiative coordinator, and defines the initiative coordinator's duties.

As of the fall of 2008, 18 counties operated ISPs and 33 counties and two tribes operated CSTs.

The Assembly passed the companion bill to Senate Bill 210 on February 25th, with two amendments. The first amendment made technical changes to the bill. The second amendment provides for no appropriation for fiscal year 2009-2010 and provides $70,000 for fiscal year 2010-2011.

We are happy to answer any questions.

Mental Health America of Wisconsin

Testimony on SB210/AB296
Senate Committee on Children and Families and Workforce Development

Shel Gross, Director of Public Policy
Mental Health America of Wisconsin

Coordinated service teams work. That is why Mental Health America of Wisconsin (MHA)supports SB210/AB296.

Personally, I was involved in the early development of what was then known as integrated service projects when I worked in the Department of Health and Family Services during the 1990s. Sad to say, the idea that all the systems working with the same family should be talking with each other and coordinating their responses was a rather novel idea back at that time. But the lack of such coordination meant that these families often had different, sometimes conflicting, case plans coming from the different agencies involved with them. It was not surprising that good outcomes were difficult to come by.

Over the past 15 years Wisconsin has slowly developed coordinated service teams in more and more counties and tribes. This has been done through a combination of time limited start-up grants and extensive training and technical consultation. What we have consistently seen is improved outcomes, certainly in terms of the youth with serious emotional disturbances who have seen decreased juvenile justice involvement, increased school attendance and more time with their families instead of in out-of-home care. Indeed, counties are often able to continue their programs after start-up grants are withdrawn through reallocation of funds saved from residential care or juvenile justice placements.

The Legislative Council Study Committee on Strengthening Wisconsin Families has recommended changes to the CST statutes to allow more families to benefit from coordinated service teams before they or their children have reached states of crisis. MHA supports this preventive focus. The bill also makes changes to incorporate what we know about best practices in CSTs. We also appreciate the fact that the Joint Committee on Finance unanimously approved $70,000 funding to support the initiative. While this is considerably less than the original fiscal note for the bill, it will support the ongoing roll-out in a fully funded manner to 4 additional counties this year, continuing that process that has been so successful to date.

I urge your support for this bill.

Submitted by
Barbara Gang

I'm sure many of you have seen and heard about the crime and violence with youth in the news. We as service providers are seeing these children are coming through our system at a younger age (see status report 19 children at the pre and elementary level).

Questions we all have???

What type of trauma has the child experienced?
Is the child receiving services curtailed to the child's needs?
What kind of home life does the child have?
Does the child have supports outside of the home?
Does the school and/or community understand the life of the child?
Is the child receiving the proper treatment?

As professionals we all share the same concerns! Are our children receiving the proper diagnosis, services and treatment that allow them to meet their potential? The **Coordinated Service Initiative** evaluates the needs and strengths of the family and child to develop a plan of care for the success of the child and family.

Wraparound of Jefferson County has improved the quality of life for families and children. Many of the children that we serve do not meet the criteria for other services or are on long waiting lists - like, the Children's Long Term Support, Autism Waiver and some of these children do not meet the criteria for these services. How can we as a community tell these parents when their child is out of control that they have to wait for support and services? Once again these services have long waiting lists and what do families do during this waiting period.

Several children that have been referred to our **Initiative** were exhibiting behavioral challenges at home, school and the community. After proper evaluation and planning, children were properly diagnosed assisting with providing adequate services and treatment. This resolved the fact that these children were not acting as juvenile delinquents; by placing them at risk of out of home placement. The coordinated initiative is a systems change that allows the child and family to advocate for themselves. By developing a coordinated service team, proper service providers are involved along with the family to develop a plan of care for the success of the child.

Like other counties **Jefferson County** has collected data showing a decrease in utilization of State inpatient facilities by developing crisis response plans and by using natural supports (family members, community supports) as first responders. Emotional and behavioral issues have reduced significantly allowing for the child to remain in their school district and community.

We have seen an increase in school attendance and achievement by developing school crisis plans with the school staff and police departments. Through our initiative the school has a better understanding of the child's home life.

Out of home placements have been reduced or children returning home from out of home placements have been shortened.

Through the coordinated initiative we have assisted families with outside resources:

Workforce Development Center
Mentoring
Community Service
Housing
Diagnostic Evaluations
Therapies
IEP referrals
Katie Becket and Social Securities (financial support)
Community Resources (Churches, libraries, food pantries)
AODA services
Protective Payee
Family Care
ADRC – Adult Disability Resource Center
I could go on and on!!!

What makes Jefferson County Unique?

Meetings are held in the family's home or community – community taking ownership.

Ninety three percent of family teams have natural supports (grand parents, friends, neighbors)

Our initiative is recognized by all school districts through out the County

Ongoing trainings are offered regularly educating the community and service providers about our initiative

Service coordination (teaming) is modeled at the County level for Juvenile Justice and Children in Need of Protective services.

Coordinating Committee – representation many other providers (Literacy Council, People Against Domestic Abuse, Community Action Coalition).

Jefferson County has exceeded their reputation by providing coordinated services to families; we are involved in every school district through out the County (see status report). We currently have a waiting list asking families to wait two to four months for services to support them. During this waiting time we will intervene and assist the family with outside resources. I'm asking you to pass this bill so other County's can receive the funding to implement the **Coordinated Services Initiative** to improve the quality of lives of families and children with a mental, physical, sensory, behavioral, developmental disability or severe emotional disturbance.

JEFFERSON COUNTY WRAPAROUND PROJECT

COORDINATING COMMITTEE MISSION STATEMENT

The Jefferson County Integrated Services Project, (Wraparound), exists to keep children with needs in their homes and community through the creation and maintenance of a comprehensive, coordinated, and community-based system of care centered on strengthening the child and family.

PHILOSOPHY

The Coordinating Committee believes:

1. Basic needs for food, clothing, housing, and medical care must first be met in order to enable families to address the special needs of their children.

2. Services can best be provided in a family setting, rather than a residential or institutional setting.

3. Families, caregivers, and team members as full partners will have voice, access, ownership and responsibility in the development and implementation of the initiative in general and in all family treatment plans.

4. Coordinating Committee members have equal standing and responsibility in the development and maintenance of the project.

GUIDING PRINCIPLES DIRECTING THE SYSTEM OF CARE

The system of care will:

1. Serve Jefferson County children, who have needs including but not limited to; mental health, alcohol/other drug, child protection, juvenile justice, special education. These apply regardless of ability to pay and without regard to race, religion, national origin, sex, sexual orientation or handicapping condition.

2. Be child/family-centered, with strengths and needs dictating the types and mix of services provided.

3. Encourage families to become full participants in the planning and delivery of services.

4. Promote early identification and intervention to enhance the opportunity for positive outcomes.

5. Provide access to a comprehensive array of services that promote physical, emotional and mental health, and address identified social, financial, educational and recreational needs.

6. Provide service coordination to insure that multiple services are developed and delivered in a coordinated, collaborative, and confidential manner.

7. Insure a smooth and coordinated transition to the adult system or other appropriate system of care.

8. Protect, and advocate for, the rights of the child and family.

9. COORDINATING COMMITTEE MEMBERSHIP

Coordinating Committee members:

- Jefferson County Human Services Department
- Watertown Unified School District
- Watertown Police Department
- Watertown Health Department
- Lake Mills Area School District
- Lake Mills Police Department
- Fort Atkinson School District
- Fort Atkinson Police Department
- Palmyra School District
- Palmyra Police Department
- Johnson Creek School District
- Johnson Creek Police Department
- Jefferson School District
- Jefferson Police Department
- Waterloo School District
- Waterloo Police Department
- Cambridge School District
- Cambridge School District
- Ixonia School District
- Jefferson County Delinquency Prevention Council
- Jefferson County Health Department
- Jefferson County Headstart Program
- Jefferson County Early Intervention Program
- Jefferson County Sheriff's Department
- Parents (Desired membership is 25%)
- Jefferson Literacy Council
- ATODA - Alcohol Tobacco other Drub Abuse
- Clergy
- Jefferson County Board of Supervisors
- Foundations Counseling
- DVR – Department Vocational Rehabilitation
- Opportunities, Inc.
- PADA – People Against Domestic Abuse
- CAC – Community Action Coalition
- WFT – Wisconsin Family Ties
- Workforce Development Center
- Gap Foundation

Jefferson County Wraparound (CST)
2009 Annual Report

The Jefferson County Wraparound Project provided facilitation services to 56 family teams throughout the 2009 year.

Through the team process 158 family members received services.

Through the process 24 of those families were closed:

Nine families met their goals and were closed successfully
Four closed due to lack of follow through
Four moved out of County
Three transferred to other services within the County System
Four families expressed they no longer needed to receive the services

Hospitalizations:

16 voluntarily placements were made to a hospital setting for stabilization

4 children were emergency detained to a more restrictive setting.
- 1 child – 3 days
- 1 child – 68 days
- 1 child – 17 days
- 1 child – 5 days

CHIPS

5 youth were in the Foster Care system when the referral was received
- 1 child returned home
- 4 remain in foster care

Delinquency

8 youth were on a Court order:
- 2 expired no further charges
- 3 continue to receive services with no further charges
- 1 is 17 and has been charged as an adult
- 1 was placed in a group home and transferred back home
- 1 completed AODA treatment at a residential facility moved back home – order expired

Jefferson County Wraparound Project
Status Report
March 2010

Current Enrollment:	**44**	Formal	41	93%
		Informal	3	7%

Family Members Served: 152

Gender:	Female	14	32%
Gender:	Male	30	68%

Referral Source

CAC	1	2%
Case Manager	16	36%
Intake	10	23%
Mental Health	4	9%
School	5	11%
Self/Family	8	18%

School Districts

	0	0%
Cambridge	2	5%
Fort Atkinson	9	21%
Jefferson	7	16%
Johnson Creek	3	7%
Lake Mills	5	12%
Oconomowoc	2	5%
Watertown	14	33%
Whitewater	1	2%

School Levels

Pre-Elementary	5	11%
Elementary	14	32%
Middle School	12	27%
High School	12	27%
Day Care	1	2%

Living Situation

Home	38	86%
Foster Home	6	14%

Stage

Assessment	10	23%
Plan	11	25%
Monitoring	16	36%
Trans to Close	7	16%

Funding

MA	36	82%
Private Pay	8	18%

Target Population

CHIPS	5	11%
SED (	31	70%

None	1	2%
DEL	7	16%

Natural Supports

Yes	41	93%
No	3	7%

TEAM EFFECTIVENESS SURVEY

January 2009 - January 2010

Number of Families 34

	Not at all		Somewhat		About Average		Very Much		Totally	
1. Do team members listen to and respect differences of opinion?	0	0.0%	2	5.9%	3	8.8%	9	26.5%	20	58.8%
2. Are all team members involved in discussion and action?	0	0.0%	1	2.9%	3	8.8%	14	41.2%	16	47.1%
3. Are decisions made by consensus whenever possible?	0	0.0%	0	0.0%	4	11.8%	13	38.2%	17	50.0%
4. Is there a high level of trust among team members?	0	0.0%	1	2.9%	4	11.8%	11	32.4%	18	52.9%
5. Do you feel that you are an important part of the team?	0	0.0%	0	0.0%	5	14.7%	10	29.4%	19	55.9%

	Yes		No		Unsure	
6. Can team members describe the role of each team member?	34	100.0%	0	0.0%	0	0.0%
7. Does the team know the strengths of the participant and team members?	34	100.0%	0	0.0%	0	0.0%
8. Does each member of the team have a copy of the Plan of Care?	34	100.0%	0	0.0%	0	0.0%
9. Are strengths of the participant and team apparent in the Plan of Care?	34	100.0%	0	0.0%	0	0.0%
10. Are tasks shared by all team members - both in meetings and in the Plan of Care?	33	97.1%	1	2.9%	0	0.0%
11. Are hoped for goals and outcomes clearly identified in the Plan of Care?	33	97.1%	1	2.9%	0	0.0%
12. Are action steps in the plan based more on identified needs than on available services?	32	94.1%	2	5.9%	0	0.0%
13. Are informal (natural) services and supports developed and utilized by the team?	31	91.2%	3	8.8%	0	0.0%
14. Are detailed crisis response plans available and used?	34	100.0%	0	0.0%	0	0.0%
15. Is progress toward the goals being made?	34	100.0%	0	0.0%	0	0.0%

What do you see as the benefits to you, the family and the child in having the Wraparound Team?

Support for house rules and consequences

Added direction/goals for family and individuals. Meetings keep information on the family updated. Weekly meetings allow problem sitatuions to be looked at. Family needs help with follow through of goals

Seeing more people

That we all talk.

It helps me to know where to go for help.

As a Case Manager the Wraparound members can assist in consequences, rewards as well as report incidents as needed. Natural supports and community supports.

Good opportunity to hear how other members/ areas are working and a good time to brainstorm together.

It's great having people to go to help when issues arise so solutions are made.

A connection to the family, a resource for them, stake in their future. The family feeling more confident.

This has been an enormous benetit for the child. Success at school has been largely due to the Wraparound Team

Other input, support for the family

In one years time, I'm amazed at the progress both boys and the family as a whole have made. It has been a pleasure being a part of the group.

The process supports the child and the family.

A good treatment/ support program for our student. Helpful and available.

Clear understanding of the plan. Input from all members. Having weekly meeting for communication.

Coordiantion of services.

Love being with the team!

I have someone else to go to (other team members).

Our family has gotten better.

Coordination and involvement of important members keeping both sides of the family informed since there is an out of home placement. Passing of important information.

Helping the child get home and supporting family members.

Work towards resolving issues that arise in a timely manner.

The team holds all members accountable. If there wasn't the team approach I don't feel the progress that has been made would have been accomplished!

The process gives the family and each team member an opportunity to express themselves and work together for the betterment of the family.

To unite the family and have structure at home.

Increased support, varied opinions and ideas shared, learning new apporaches to solving problems. The idea of not working alon the strength and impcat of the team!

Meet others with same difficulties as my family. More advise on options for future.

More heads to make better decisions regarding my family.

The child is more accountable for actions.

We were able to put a plan in place to deal with our child's behavior.

Good Job!

It keeps the best interest of helping the child in the home, school and community!

I have a full scope from several perpectives on the needs of the child. Through our discussion I have been able to be better prepared for situations that may occur.

It's hopeful to have all team members/agencies on the same page and the community!

This team seems towork very well together. Much progress is being made with the family.

Team members giving different points of view.

Help our family put goals together and help us achieve them!

Progress has been made at home and at school.
Consistency: support/resources, up to date information.
The family feels they have people that care and understand their problems
The family feels they have people that care and understand their problems
Increased awareness of range of issues impacting the family
As a team we are able to address issues and solve problems in a quicker and more effective manner. ~~School~~ School is able to
provide support for home and vice versa
Reminders from Service Coordinator